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Original Articles

ADDRESS DELIVERED BEFORE THE GRADUATION CLASS OF THE MARION-SIMS COLLEGE OF MEDICINE, APRIL 19, 1899.

BY W. P. KENNETT, St. Louis,
President of the Merchant's Exchange.

THE pleasant office has been assigned me of addressing those graduates who, under able preceptors, have with distinction finished the curriculum prescribed, and who enter the arena of professional life to become the architects of their own fortunes.

Hitherto, young gentlemen, you have been but laying the foundation of your chosen vocation, under guidance; hereafter you must erect the superstructure of your professional career without such assistance.

A business man cannot presume to advise or instruct you in any special branch of your esoteric calling; yet there are certain cardinal principles and laws which appear upon the surface, and so may be properly if somewhat superficially examined even by a layman.

I shall not discuss those prophylactic features of your art that are a most important part and should be sedulously cultivated, but shall consider some more positive and direct elements.

If remedial agents be granted as the equivalent of medicine, then the practice of medicine is concerned mainly with the means and methods used either to prevent disease or to assist nature to heal it.

Hippocrates of old held that the chief concern of a physician was to aid nature in her efforts to overcome the diseases of the body. But had he lived in these days, when the intense struggle for place and pelf is producing such manifold mental perversions and disorders of the nervous system, he doubtless would have enlarged his definition of the task you are about to assume. Nor is this all. Disease is the penalty for violation of the immutable laws of our moral and physical natures, either by the individual or his progenitors. And it is both the province and duty of the physician to bring about as far as possible that type of perfect manhood—a sound mind in a sound body.

Therefore to attain the best and broadest results you must go beyond the purely physical organism of your subjects and consider also their mental and moral functions.

Man is a triple compound, and the actions and reactions of body, mind and soul are so intimately connected that they can seldom be divorced in solving the complex problems of health and disease. When even the countenance, the outward bearing and the actions are affected by one's mental and moral status, is it not safe to conclude that their relations and correlations demand thoughtful attention? It is doubtless true that, in many cases, if the bodily ills are removed the mental balance will be restored; but the converse of the proposition is likewise correct.

This has its parallel in commercial lines. There it is a primary principle that the legitimate or consumptive demand for breadstuffs, in its relation to the corresponding supply obtainable, determines current prices. This may be called the physical basis of values. The man, however, who relies altogether on such statistical factors to produce assured effects will often miss his mark. He must take into account the spiritual or speculative side of the issue; for, at least temporarily, that feature overrides the mathematical frequently and controls prices. Be then not too materialistic, but ever keep in view the spiritual side in your practice.

You will appreciate that no contention is here made that disease is merely or mainly a spiritual aberration, nor that hypnotism, mesmerism or any other occult system is a necessary part of your pathology and therapeutics. But we do insist that the psychic forces and attributes of mankind are essential factors of his being, and should not be overlooked in your diagnosis and treatment, even though they go to the extent of prescribing a saffron bag properly applied, as described in Bulwer Lytton's interesting novel of the Caxtons, which is commended to your perusal as an instructive discourse on the faith-cure doctrines that are so rife in this period of ologies and isms.

Our times demand doctors who are more than mere recipe venders.

St. Louis claims to be the largest distributing center in this country of drugs; and likewise of medical college graduates.

What connection, if any, there be in the coincidence,

you can best determine. It is however evident that no vocation requires of its disciples a higher culture and more broad-gauged intelligent judgment than that of medicine; and I suggest for your reflection the query, whether or not the tendency to resort to self-treatment and patent remedies is not to some extent due to the methods of certain so-called doctors who, at best, are mere symptom observers and prescription dispensers.

A diploma, a pharmacopeia, and a lancet no longer make a physician.

Your complacent recollections will not cluster around those results that came by chance or without earnest endeavor; but from those triumphs and attainments that followed persistent, strenuous and faithful efforts, perhaps in the face of discouragements and opposition. Shun extremes. It is stated of an old professor, who had spent a lifetime in studying the Greek Article, that in his dying moments he exclaimed to his son: "My boy, take warning by my fault; don't attempt too much. I realize now that I should have confined myself to the dative case." This was specialism become monomania.

Equally vain would be your attempt to fathom all branches of your profession in detail. Success depends not so much on innate ability as on application to tasks wherein talent and adaptability concur. Find your equation and therein abide. The specialist has an important place in all professions, but where one expert is required a score of toilers find employment. And manifestly the general practitioner of medicine has the larger, and, when competent, the better field. The shoemaker should not go beyond his last, but it does not need a past master in surgery to lance a simple abscess or reduce a phalangeal fracture.

This leads to the thought that if some restriction is not placed on our anatomic abridgment we are apt soon to become but a mere mass of rudimentary organs, with only an alimentary canal as essential to existence. Surgery has its uses, but in the name of all the pleasures of taste, let us protest against any such reduction. For as the poet puts it:

"We may live without books,
What is knowledge but grieving?
We may live without hope,
What is hope but deceiving?
We may live without love,
What is passion but pining?
But where is the man that can live without dining?"

Be comprehensive but not diffusive in your study and work; independent but not intolerant in your deductions. Knowledge is power in repose. It needs vitality and direction to give it character and weight; and this comes from wisdom or the proper application of knowledge.

There are many men pregnant with facts and theories, though barren of practical results. "They find no end in wandering mazes lost," when, were their information applied at the right time and in the right direction, it would have full and useful fruitage. It is not so much the lack of opportunity, as the failure to make the most of it that determines our position.

Prove all things and cling to those that are good.

Be not imbued with the spirit of that Calif who, when asked if the famous library at Alexandria should be destroyed, said: "If the books be confirmatory of the Koran, they are superfluous; if contradictory, they are pernicious. Let them be burnt."

If you reject all the remedies, practices and theories that lack consensus of the entire medical fraternity, you will soon be relegated to the pursuit of a lost art. Were we to believe only those facts that are wholly conceded and understood, our creeds would be brief indeed. There is a golden mean between the agnosticism that discards all the experiences and conclusions of the past, and the credulous, implicit adherence to the declarations of any particular authority. It is difficult to attain, but marks the highest ability. The wonderful and useful disclosures of the germ theory would never have become realities had not original research gone beyond the tenets and conceptions of prior generations.

In commercial channels the merchant who clings to the methods of the past altogether, is badly handicapped in the race. There has been almost a complete change in the conduct and relations of mercantile affairs that requires new ways and means to insure success.

As Oliver Wendell Holmes remarks:

"Depolarize your ideas." That is, remove them from the magnetism and influence of their old symbols and associations. Be right rather than consistent, for the customs and truisms of one age are oft-times the solecisms and falsisms of the next.

And, after all, our knowledge is not absolute. The how and wherefore are above our understanding. This is true in all directions.

Evolution, for instance, is an established and useful theory; yet it no more proves or reveals the origin of life and its consequent development, than does your ability to distinguish the processes of digestion and assimilation explain the resultant growths of the body, the origin of species, and the variation of types, much less the mental and moral fibre of humanity.

What remedy is a specific and without its detractors, or not subject to more or less suspicion and distrust? Shall we therefore "throw all physic to the dogs?"

I once knew an old-time physician of some repute whose standard prescription for most of the ills of childhood was rhubarb and magnesia. Through two generations he was accounted a fairly successful practitioner. Now he might have done better; but is it not probable he might have done worse? There are sins of commission, as well as of omission.

Take another illustration. The beautiful and frag-

rant flowers on this rostrum not only delight your vision but awaken tender sentiments towards the gentle givers.

Now we may explain how the rays of light enter the eye, and form an image on the retina which the optic nerve conveys to the brain, and so produces the pleasing concepts and emotions of which we are conscious; but when we attempt to demonstrate how those thoughts and feelings are actually brought into being and action, we are utterly nonplussed.

If faith is the evidence of things not seen, and the substance of things hoped for, then from their training, experience and researches, it would seem that of all men doctors should be most humble and devout believers; for our very limitations force the conviction that there is something beyond and above us yet to be attained; and that something must needs be more than blind force. If you cannot find your way "through nature up to nature's God" don't try to palm off on your intelligence and conscience some unmeaning metaphysical phrase such as "the unknown cause," or "unthinkable thoughts," as a substitute for knowledge and faith.

Personality is the moving factor and crowning feature of life, and no abstraction can be placed on its throne. It is the incarnation of truth that gives it potency.

Your letter from an absent mother, friend, or sweetheart, may give you sorrow or joy. Why? Have the ink and paper any peculiar influence? By no means. It is the personality in and behind them that produces the effect.

The eternal verities are above all disputations, and will not down at their bidding.

In regard to your local habitation as doctors, let me commend to your careful consideration imperial Missouri. The fifth State in population, it is the third in the number of farms and improved acres of land, and first in the almost unlimited variety and abundance of its soil products, its timber, and its mineral resources. No portion of our commonwealth promises greater development. With the coming celebration of the Louisiana Purchase Centennial well assured, we are certain to receive an impetus that will bring about a rapid expansion and decided advance in all commercial, financial, industrial and professional pursuits.

And now, members of the graduating class, let me congratulate you heartily in behalf of your college and all present on the successful issue of your study and experiments. Where all have done so well comparisons are odious. The difficulty has been to make any distinctions in a class so worthy of commendation. Cherish your medals and certificates of honorable mention as but harbingers of higher rewards for faithful efforts yet to be won. Be loyal to your Alma Mater, whose sons are already fast becoming famous in the land. Be true to yourselves, and you cannot then be false to any man. Be upright and manly from principle, in thought, word and deed, regardless of consequences; but know well that corruption wins not more than honesty in any walk in life.

You have adopted an honorable profession. Be worthy of your calling. As Emerson says: "Hitch your wagon to a star." Have high aims and aspirations. Use your intimate association with your patients to exert an active influence for those principles that go far towards solving the difficult social, political and commercial problems that confront us, and that are so closely interwoven in the warp and woof of our local and our national life. Be optimists ever, and exemplars, as well as promoters of all that makes for right living and the greatest welfare of your fellowman. And then, whatever may betide, you will deserve, and as we trust command, success, and will leave behind you that best of all legacies—a good name.

A REPORT OF ACTUAL CASES,

Demonstrating the Relief, by Modern Methods, of Patients Hopelessly Afflicted for Many Years with Deafness from Catarrh, Running Ears, Low-Speaking Voice, Dizziness, Noises in the Head and Ears, Worse Hearing in Quiet Places, Aural Distress, Etc *

By Robert Barclay, A.M. [Trin. Coll.], M.D. [Coll. Phys. & Surg., N. Y.], St. Louis, Mo.

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MY PURPOSE in presenting this evening a report of cases from my own practice, is to demonstrate to you the relief possible, by modern therapeutic methods, of a large class of aural patients, still very generally regarded as hopelessly incurable.

It is not my purpose to attempt, still less is it my desire to provoke, any discussion of the pathology, diagnosis, or treatment of such patients; it being assumed that you are already sufficiently familiar with these through the text-books and published writings of eminent authorities among the otologists of the present day. For in these cases, as well as in all others that we may encounter, therapeutic success is to be expected not through application of any "rule of thumb," nor, on the other hand, through any extraordinary skill or wisdom of the individual practitioner, but rather through a more thoroughly analytical study of the particular case presenting, and the fulfilment of its special indications, not with ancient and time-worn remedies, but with such measures as

*Read before the St. Louis Medical Society of Missouri, June 10, 1899.

the refinement of therapeutics in the hands of the expert otologist of to-day, as taught in their works, has established as most suitable and efficient therefor. It may, however, be proper to state briefly, and in a general way, the therapeutic principles that have guided me to the results reported later, sparing you a recital of the myriad of contingent circumstances that determined their peculiar mode of adaptation, separately, in each individual case.

I would, therefore, repeat that it is not my purpose, on this occasion, to attempt or to provoke a discussion of the pathology, diagnosis, and treatment of these cases, as taught by modern otologists, but solely to demonstrate to your satisfaction that these can and do afford relief to a large and numerous class of patients which from time immemorial have been considered and abandoned as intractable or incurable.

In selecting from my clinical records the material for my purpose, I have been guided mainly by the duration and obstinacy of the various cases presenting —regarding as intractable or incurable, in popular estimation, such cases only as, after having stubbornly resisted the curative influence of all ordinary remedies at the hands of presumably careful practitioners for years, have at last been abandoned as hopeless—some of those cited below having been diseased as long as thirty or forty years.

In my final selection I have given preference to those cases whose clinical features are of the character most generally encountered; and, as the physical conditions in the various cases seemed to correspond so imperfectly and so irregularly to the intensity of the various symptoms, I have, with slight exceptions, omitted all mention of them, preferring to report each case in its clinical aspect, as it seemed to affect the patient, and then to demonstrate the relief that was later experienced by him.

Taken thus, the cases may be characterized mainly as those of:

Deafness from Catarrh,
Running Ears,
Low-Speaking Voice,
Dizziness,
Worse Hearing in Quiet Places,
Noises in the Head and Ears, and
Aural Distress.

Now several of these symptoms are common to both purulent and catarrhal inflammation of the drum, associated as they are with abnormal tension and mobility of the conducting mechanism of the ear; and the same principle guides us, in either case, in our effort to relieve them.

An additional feature however presents in a case of running ear of active purulent inflammation of the drum, for here we are called upon not only to correct abnormal tension and mobility of the conducting mechanism, but to put a stop to an actively destructive process—the problem here being specially to establish free drainage, remove diseased products, quiet irritation, sustain and reënforce vitality, keep the affected parts clean and disinfected. Where this cannot be accomplished by medicinal means, mechanical interference, preferably by surgical procedure, seems indispensable to effect the desired end, the details of the operation varying with the peculiar physical conditions obtaining in each individual case—the most frequent procedure demanded being division of adhesions and new tissue, and excision of the remains of the drum-head with the malleus and incus, since in the majority of such cases symptoms persist because of adhesions or the presence of new tissue, suppuration continuing on account of the involvement of the inaccessible spaces and pockets formed by these parts and the outer wall of the attic of the drum cavity done away with by this operation.

In catarrhal cases, however, it is the changes in the mucous membrane and their physical consequences that most closely concern us; and the fact that this affection in one ear usually leads to impairment of audition upon the opposite side. For we are called upon here to consider not only the interests of the one ear, but of its fellow of the opposite side; it having been proven, clinically, that the second ear may ofttimes be saved by measures directed toward the first ear, even where the latter may be in a condition offering little hope of restoration to its own original function. In short, the condition of tension demands consideration as well as that of mobility of the conducting mechanism.

Now, when these changes in the mucous membrane, and their physical consequences, are mainly functional, relief may be afforded through hygienic and simple medical measures. When, however, these are structural, as in the majority of cases, at the time we first see them, the problem of relief depends wholely upon the possibility of so acting upon these new physical conditions as to liberate the essential conducting mechanism of the ear. In some cases this can be accomplished by hygienic, medicinal, and simple mechanical measures. In others, where the means already mentioned prove ineffectual, surgical operation may serve to release the conducting mechanism from its bonds—very limited encroachment only upon the impeded structures of the tympanum, frequently accomplishes this end, particularly in those cases where the process of tissue metamorphosis has remained circumscribed. In still other cases, the structural changes will have involved a larger portion of the essential conducting mechanism of the ear than can be restored to normal mobility by severance from their normally adjacent, but abnormally attached, parts. In such cases, the proper procedure—liberation of the deeper portion of the auditory conducting apparatus, still movable, from the permanently im-

mobilized portion, with provision for free entrance of aerial sound-waves to that deeper mobilized portion—may restore hearing. The appropriate details of such surgical procedure are peculiar to each individual case, and can, of course, only be justly estimated and properly put into execution by one practically familiar with the surgical anatomy and the physiology of the ear, and thoroughly skilled in the technique of such difficult, deep aural surgery.

Considering "catarrh" now, not as a local disease, but as, at first, a functional disorder, and, later, "a chronic tropho-neurosis of the mucous membrane of the middle-ear, occurring coincidentally with similar tropho-neurosis of the entire pneumatic system of the head and throat, and with other neuroses; all of which conditions are dependent upon a lowering of the general vitality, due mainly to the continuous action of unfavorable climatic and hygienic surroundings."* We may epitomize the general principles that direct our course in aural catarrh, and in the language of the late lamented Dr. Samuel Sexton, of New York, "sum up the rules for the treatment of aural catarrh in the following statement: Place the patent in any case in the best condition possible by guarding him from changes of temperature and moisture, by improving his hygienic surroundings, carefully attending to his diet, removing all causes of reflex irritation, and in all ways striving to improve the general health and tone of the system. In addition, if the case seems to be a recent one in which hypertrophy and hyperemia of the mucous membrane, and occlusion of the Eustacian tube, play the principal part, general treatment may be supplemented by the judicious use of the Politzer bag and catheter, and in selected cases by local treatment of the naso-pharyngeal catarrh. Should both general and local measures of this sort not produce a speedy improvement, no further time must be wasted, and the radical operation must be done without delay."†

To avoid any possible misunderstanding and avert useless discussion, it may be as well to state, right here, that these remarks have no reference whatever to cases which, after thorough investigation and examination, are presumably or manifestly incurable.

I am well aware that many otologists appear to have given up the operation upon the middle-ear structures in deafness from catarrh, disappointed in their results. Others—among them, myself—find that the mere relief of tension, always abnormal in these cases, is sufficient to justify operation, inasmuch as it relieves the labyrinth of inevitable still further secondary invasion and preserves the integrity of function of the auditory nerve, not only in this ear but in its fellow of the opposite side, thus rescuing, if not indeed augmenting, the hearing. So much as to the advantages of relieving tension in such cases by operation. As regards the advantages of increased mobility of the conducting mechanism by such procedure, experience shows that this invariably improves the hearing, not only of the ear operated upon but of that of the opposite side.

By many it has long been supposed that removal of the drum-head and ossicles must certainly be attended with suppuration, closure of the passage by a new membrane, and deafness. Such is not the experience of expert operators. On the contrary, after this operation the exposed mucous membrane undergoes dermoid transformation; improved methods have enabled us to prevent the newly formed or substitutive membrane; while if there has been a loss of mobility at any part of the conducting mechanism (which moves as a unit, if it move at all) sufficient to cause marked deafness, removal of that part constituting the obstacle to entering aerial sound-waves, with liberation of the deeper, movable portion, will not only check the progress of the disease itself but invariably improve the hearing.

Whatever the opinions of others, and however differently considered, the clinical results of my own practical experience with these methods, as shown in the cases cited below, will, I trust, be sufficient excuse for having attempted to demonstrate their advantages to you upon this occasion.

And if, indeed, I should in this attempt, succeed to your satisfaction, I trust that you can confidently bear to such neglected and hopeless patients a prognosis far more favorable than that which hitherto we have allowed to become prevalent and popular, and that those of your number who by these remarks are encouraged to undertake, somewhat more hopefully than heretofore, the closer study and management of these unpromising aural cases, may be rewarded with results still more gratifying than those detailed below.

Coming now to the case histories. I have arranged them so that those with running ears precede, in order of the duration of their disease, beginning with one of thirteen years and ending with one of forty years standing; closing this report with two typical cases of catarrh, one of the so-called sclerotic variety of more than twenty years standing; the other, of the hypertrophic kind, which had lasted nearly twenty-five years.

Case I. *Ear diseased thirteen years.**—A schoolboy, fifteen years old, came to me for removal of a

*S. Sexton, in *Burnett's System of Diseases of the Ear, Nose and Throat.* Philadelphia: J. B. Lippincott & Co., 1893. Vol. I., p. 326.

†*Ibid.* Vol I., p. 372.

*Reported in another form as "103354" in a paper read before the St. Louis Medical Society, November 17, 1894, published in the WEEKLY MEDICAL REVIEW, St. Louis, Mo., December 15, 1894; and in still another form as "Case VI," in "Practical Suggestions on the Removal of Foreign Bodies From the Ear," in the *New York Medical Journal*, New York, July 15, 1889.

cotton pellet which had become deeply displaced within his right ear, and for treatment of disease of this ear, which, notwithstanding treatment for years by several general and special practitioners, had persisted already thirteen years.

He complained principally of whistling and blowing noises; of a disagreeable reverberation of the sound of his own voice; of a fetid discharge, and of severe deafness in the affected ear.

Medical treatment brought about a cessation of the discharge; the noises in the ear ceasing; while hearing so far improved that he could hear a forty-eight inch watch at two inches distance.

Upon contracting scarlet fever, three months later, his aural discharge recurred. Treatment was resumed and effected prompt relief, so that at the time of his discharge he could hear a loud voice at twenty-five feet distance, and could receive through the Bell telephone with he affected ear.

With the exception of a few visits at very long intervals for the removal of slight crusts of dried mucus, which had been blown back through the eustachian tube, he has suffered no return of his former symptoms, although ten years have since elapsed.

Case II. *Ears diseased about fourteen years.*—A theological student, twenty-seven years old, consulted me for relief of an affection of both ears which had existed since boyhood.

He complained of variable deafness, worse sometimes upon one side, sometimes upon the other, which interfered with his work and with his social recreation. The deafness was worse in quiet places; noisy surroundings seeming to aid his hearing. There were ringing noises, sometimes in one ear, sometimes in both ears; and these noises were variable. Dizziness caused him considerable trouble, being sometimes so severe as to seem attended by partial blindness.

Formerly there had been a discharge from both ears, but recently this had persisted, with intermissions, in the right ear only.

The forty-eight inch watch was audible by either ear on contact only. The range of hearing for the right ear was reduced at the upper end of the auditory scale five thousand vibrations a second below the normal.

Local medical treatment only was administered to the right ear; the left one being first operated upon surgically.

After this operation he could hear with his left ear, from his bed in the second story room opposite the window, and could understand the voices of the children playing upon the pavement below; also the rumble and the gong of a street car one half block away; and he had no difficulty in understanding lowest voice and a low whisper clear across the room. The discharge and other symptoms soon disappeared and he was enabled to resume and complete his theological studies.

From his parish, six years later, he wrote me: "My hearing is almost as good as when I left you, for which I wish again to express my gratitude," etc.

As yet there has been no report sent me of any recurrence of his symptoms.

Case III. *Ear diseased for more than twenty years.**—A farmer, twenty-five years old, consulted me for relief of disease of both ears, from which he had suffered from a very early age, variously estimated, by his parents and grandparents, at from nineteen months to four years—a period of more than twenty years.

Besides marked deafness, with roaring noises and reverberation of the sound of his own voice, in both ears, ear-ache added to his distress; and the development of dizziness, flushing, and head-ache, which day by day kept growing more severe and constant, finally compelled him to quit work, and even recreation, and seek medical assistance. As a result of his troubles the patient seemed despondent and somewhat exhausted. Besides these symptoms, there was a very fetid discharge from the ears, occasionally assuming a hemorrhagic character.

Operation was advised and favorably accepted, the left ear being operated upon four days after the right.

Dizziness promptly disappeared; head-ache troubled him no more after the second week, and the discharge ceased in the right ear upon the third day; in the left, at once, with the operation.

Sixteen days after the operation upon the left ear, a forty-eight-inch watch was heard by the right ear at two, by the left at three inches distance.

The patient promptly regained his elasticity of spirits, his usual vigor and appetite, and his hearing had improved to a degree fully equal to that of any that he remembered ever to have had.

Before the month had elapsed he was permitted to return to his home and resume his occupation; and no recurrence of his symptoms has yet been reported, although five years have now elapsed since the time of the operation.

Case IV. *Ear diseased for more than twenty-one years.*—This lady, a professional pianiste and music teacher, consulted me for disease of the left ear, with which, she stated, she had been afflicted since childhood—for more than twenty-one years.

The roaring noises in this ear not only caused much distress, but contributed still further to deafen her until this deafness had grown so marked that she could not distinguish speech through a Bell telephone.

*Reported in another form as "104874," in a paper read before the St. Louis Medical Society, November 17, 1894, and published in the WEEKLY MEDICAL REVIEW, St. Louis, Mo., December 15, 1894.

Frequently she was obliged to pay the closest attention in order to understand the peculiar voice of certain speakers; and appreciation of delicate qualities of tone was ofttimes a trying task to her. Not the least annoying of her symptoms was an intolerable itching in the affected ear. A discharge from this ear she had succeeded in keeping free of fetor, under methods of treatment advised by several competent physicians—one of them one of our best known eye and ear specialists—at whose hands she had previously taken a so-called course of treatment.

Operation was advised and consented to.

The last call made by the patient for formal report and inspection was six months after the operation; when it was found that she was still free of the roaring noise, itching, discharge and deafness—her hearing in the affected ear for the voice and whisper appearing normal; while she now had no difficulty whatever in hearing an ordinary whisper through the Bell telephone. In every respect the results of the operation have been pronounced wholly satisfactory.

Case V. *Ear diseased about twenty-five years.**—A man, thirty-four years old, came seeking relief from inceptive deafness, unnatural noises, and reverberation of his own voice in his right ear; incidentally and unconcernedly mentioning the fact that the other, the left ear, was almost totally deaf, and had been discharging since he was about nine years old—that is, for about twenty-five years.

Besides this, his nares, pharynx, and teeth were in a sadly neglected state of chronic inflammation, for treatment of which he was respectfully referred to other practitioners.

By removal of these sources of irritation, hygienic habits, and systemic and local aural treatment, the discharge ceased; the tympanic membrane promptly undergoing dermoid transformation.

Within ten weeks he was dismissed, and no recurrence of his symptoms has been reported up to the present time, now seven years later.

Case VI. *Ear diseased for about thirty years.*†—A gentleman, thirty-five years old, came to consult me for relief of disease of his left ear, which had been affected for about thirty years.

Recently, considerable neuralgia of this ear has increased his discomfort; while dizziness, flushing of the head and face, and headache had become so frequent, pronounced and intolerable, as to interfere with the proper pursuit of his vocation. Besides, there was a very offensive discharge from this ear; and he informed me that one of his most remote recollections was that of having had his affected ear frequently syringed by his mother; the aural discharge as such first having been noticed by him at about the age of eleven years.

Operation promptly relieved the subjective symptoms, the discharge ceasing with the operation.

No recurrence whatever of his trouble has since been reported since his dismissal, five years ago.

Case VII. *Ear Disease for More than Thirty Years.*—This married lady, thirty-three years old, sought relief from left-ear disease and concomitant symptoms, which, she stated, had troubled her since babyhood—for more than thirty years.

Since earliest recollection she had always been a sufferer from this.

With the affected ear she could hear an ordinary small kitchen alarm-clock at ten feet distance. All sounds, when heard, were indistinct in character.

From her own pew in church, twenty-two feet from the pulpit, she could hear, and indistinctly at that, but a small part of what was said by her own pastor, with whose voice, in close conversation, she was wholly familiar. In ordinary conversation she was frequently compelled to ask her friends to repeat remarks addressed to her.

She suffered at short intervals from very severe headache on the affected side—"feeling," as she expressed it, "as if a wire were being drawn through her head."

Her dizziness at times was so severe as to necessitate her sitting down instantly; and it was sometimes such as to cause nausea.

A discharge from this ear had remained fetid notwithstanding the therapeutic efforts made by physicians for years.

Operation was advised and consented to.

The last visit made me by the patient for formal report and for personal inspection was five months after the operation. At that time her hearing was still improving, so that she could hear all preaching distinctly from her pew at church. In conversation, she no longer had to ask her friends to repeat. The small, ordinary kitchen alarm-clock she could now hear from her rocking-chair up-stairs, the sound having traveled all the way from the mantel-piece down-stairs through a doorway twelve feet from it, then deflected to a right angle up a flight of twelve stairs, along a landing six feet in length; again deflected to a right angle through a side door to her rocking-chair two or three feet away.

The noises, dizziness, headache, and discharge, which had disappeared with or soon after the operation, had not recurred.

No return of any symptoms have been reported, although one year and two months have now elapsed since the time of the operation.

*Reported in another form as "404115," in a paper read before the St. Louis Medical Society, November 17, 1894, and published in the MEDICAL REVIEW, St. Louis, Mo., December 15, 1894.

†Reported in another form as "404637," in a paper read before the St. Louis Medical Society, November 17, 1894, and reported in the MEDICAL REVIEW, St. Louis, Mo., December 15, 1894.

Case VIII. *Ears diseased for more than forty years.**—This man, forty-four years old, had been afflicted with disease of both ears since babyhood—a period of more than forty years. His hearing at times was muffled and indistinct, without definition.

Recently he had suffered from, as he expressed it, "shooting pains from the ears up through the head," more intense on one side at a time, frequently alternating as to side. He complained also that every morning, and sometimes lasting clear through the day, he had a headache—"a feeling as if a stone were pressing on his head and back of his eyes."

Dizziness had developed, which, with mental dullness and the other symptoms, compelled him to quit work altogether and seek medical assistance. There was a fetid discharge coming from both ears.

By administering treatment himself at home, as directed, while he visited me but three times, his left ear became perfectly dry within the month, the hearing power having greatly increased. Three more office visits, together with home treatment as directed, sufficed to perfect the cure of the right ear within a month.

At that time he could use a forty-eight-inch watch with the left ear, at two, with the right at five inches, and with the left ear an ordinary voice, with the right a low voice at thirty feet distance. Both ears were perfectly dry; so he was discharged, and no further return of his trouble has since been reported, although seven years have now elapsed.

Case IX. (*Sclerotic catarrh.*)—*Ears diseased for more than twenty years.* This lady, thirty-three years old, had been deaf from childhood, one of her most remote recollections being that of having been told when a little girl, by her teacher, "that she didn't hear well and that she ought to go and get her ears fixed by a doctor." She, however, became fully aware of this infirmity as early as when twelve years old and she noticed that this gradually grew worse, her deafness being attended with noises in the head and ears, modified voice and other phenomena of aural catarrh. She was treated by various physicians, among them one of the most eminent of the country's nose-throat-and-ear specialists. Under this gentleman's directions she sprayed the nasal cavities with Seiler's solution daily with regularity for the last four years. Notwithstanding this she suffered a great deal, particularly in the morning, from the dropping of discharge at the naso-pharynx and from other symptoms of chronic nasal and pharyngeal inflammation, such as obstruction of these passages with crusts. There was an ulcerated perforation of the nasal septum, in which also these crusts gathered. A small ulcerated spot upon the left cornea, near the lower outer edge of the iris, was attended with neuralgia, which caused her great discomfort and prevented the free use of her eyes.

With either ear she could hear a very loud voice at about twelve feet and loud whisper at about one foot distance. The forty-eight-inch watch was inaudible by air-conduction.

Tested by air-conduction for the separate tones of the five octaves comprising the human voice and the two octaves just below this, the variations showed that the lowest octave was inaudible to both ears. The next octave was heard by the right ear, its upper part only being heard by the left. The duration of hearing in the right ear, however, for this was reduced to 50% of the normal. The lower tones of the third octave, or lowest of the human voice, was heard by the right ear less than 20% of the normal; by the left less than 18%. Lowest tones of the fourth octave, with the right ear, about 20%; with the left, about 23%. Lowest tones of fifth octave, with right ear, about 76%; left ear, about 65%. Sixth octave, right ear, about 67%; left, about 38%; and for the seventh octave, or upper one of the human voice, with right ear, about 58%; with the left about 39% of the normal.

Under hygienic measures, with internal and local medicinal treatment, the annoying symptoms of the naso-pharyngitis disappeared, the affection of the eye entirely and permanently subsiding without local treatment within the first two weeks, while the edges of the nasal perforation cicatrized nicely.

Although indications pointed to this as a probable so-called mixed or complex case of middle-ear fixation, with impairment of nerve function—apparently a case of middle-ear sclerosis—operation was proposed, and being favorably accepted, it was done, first upon the left and four weeks later upon the right ear.

Twenty days after the operation upon the left ear a repetition of the former tests showed that the second octave, hitherto inaudible to this ear, was now heard by it for about 82% of the normal; the third octave, about 45%, a gain of 27%; the fourth octave, about 33%, a gain of 10%; the fifth octave about normal, or 100%, a gain of 35%; the sixth octave, about 44%, a gain of about 6%; and for the seventh octave, or upper one of the human voice, about 42%, a gain of about 3%.

The several tests made upon the other, the untouched right ear, to note any changes that might have been effected there, showed a gradual improvement; the last testing before its own operation being made about twenty-four hours after that done its fellow of the left side. It was then found that the untouched right ear could hear the second octave about 95% of the normal, a gain of 45%; the third

*Reported in another form as "404117," in a paper read before the St. Louis Medical Society November 17, 1894, and published in the WEEKLY MEDICAL REVIEW, St. Louis, Mo., December 15, 1894.

octave, about 40%, a gain of about 20%; the fourth octave, about 40%, a gain of about 20%; the fifth, about 76%, as before; the sixth, about 88%, a gain of about 21%; and for the seventh octave, or upper one of the human voice, about 71%, a gain of about 12%. Twenty-five days after the operation upon the second, or right ear, the tests showed the hearing to be as follows:

HEARING.

RIGHT EAR.				LEFT EAR.			
Octave.	Per cent. of normal	Gain since last test	Gain since origin'l test.	Octave.	Per cent. of normal	Gain since last test	Gain since origin'l test
Second..	95	0	45	Second..	86	4	86
Third	50	10	30	Third	45	0	27
Fourth..	46	6	26	Fourth..	39	6	16
Fifth.....	89	13	13	Fifth	100	0	35
Sixth ..	100	12	33	Sixth	60	16	22
Seventh	100	29	41	Seventh	65	23	26

Besides these analytical tests, the hearing for all low-pitched tones of whatever character, and for the human voice, particularly that of men, was found greatly improved. Others as well as the patient noticed the improvement. The noises in the head were not so distressing; the feeling of tension in the ears had been relieved; the naso-pharynx was no longer troublesome; the eye symptoms remained entirely relieved, and hearing was still steadily improving, when the patient was permitted to revisit her distant home.

Case X. (*Hypertrophic catarrh.*)—*Ear diseased nearly twenty-five years.* A very deaf lady, forty-six years old, deaf from catarrh for nearly twenty-five years.

The trouble had begun while nursing her seven-months'-old baby; when, for weakness, she had been much overdosed with quinine, the last dose, of ten grains, being taken one morning just before going to the breakfast table, where, before the meal had been finished, she became so deaf as to be unable to understand speech across the table.

Within a day or two noises began in the ears—snapping, cracking and buzzing—which grew steadily worse, causing her great distress. Treatment failed to relieve her; and headache and dizziness sometimes supervened. The ears gradually grew deafer, and, later, very painful at night, until about nine years later, when under a prominent eastern nose, throat and ear specialist she took daily treatment for ten weeks. This gave her some slight relief, until after a dentist had treated her diseased teeth, when the ear-pain ceased at once. Very significantly, at the time she originally became deaf, she was cutting her third molar or wisdom teeth, suffering not only from very tender gums, but from sore throat and swollen cervical glands also.

Although slightly relieved for awhile by this specialist's treatment, the shock caused by the loss of her home by fire caused nervous depression, attended by increased deafness and aggravation of the other symptoms, pain excepted. Very severe confinements, the death of her three children, and other trying circumstances, still further overtaxed her weakened nervous system; until, from sheer exhaustion, she was abnormally prone to excessive perspiration, was in consequence easily chilled, and "caught cold" frequently; gradually grower deafer and deafer, especially during the winter and with every "damp spell."

At the time of our first consultation, it was noted that she spoke in a very low and hollow tone of voice. Then all sounds were heard by her better with the right ear, which could be made to hear a loud whisper. The left ear was practically deaf to all ordinary sounds, except "sharp" ones. Upon a moving street car she could hear so much better that nearly everything was heard by her, even conversation certainly not intended for her ears. After leaving the cars this improved hearing persisted for a short while, when she became deafer than before and suffered from headache. Nervous excitement was always attended by better hearing. The clacking noises of a machine shop always caused earache. Sounds of horses' hoofs were inaudible to her unless standing right at the curbstone. The motorman's gong and conductor's signal-bell were audible to the left ear from the pavement; to the right, from an open second-story window above; these sounds being inaudible to her when the window was closed. Only the very highest-pitched tones of a large, No. 2, Regina music-box were heard by her with her ear just off the box; the music being audible only upon actual contact with the box. By careful harkening, she could hear, with the right ear, newsboys shouting across the street; with the left, only when directly alongside. Even with both ears she could not hear the singing of a choir outside the open door of her room; nor could she distinguish the words, nor any but the highest tones of friends, singing in her own parlor. Her own front door bell was inaudible to her, unless near by it; and she could not distinguish the sound of a horse or vehicle crossing a three-plank bridge one hundred and fifty yards from her home. Band music was inaudible to her unless but a short distance away. The rustle of leaves in the trees and the song of a locust could not be heard with the left ear; nor could she hear the clang of a scissors-grinder advertising chime, as he pushed his cart beneath her second-story window. Only when alongside could she hear the lighting of a parlor-match. Her husband's voice was heard by the left ear at about two feet; my own ordinary voice at less distance. Tuning-fork tests showed that her hearing was reduced seventy-five per cent. for single tones in the middle octave of the

human voice. The watch was heard by either ear on pressure-contact only. The lower tone-limit of hearing of the right ear was a trifle below sixty-four vibrations of a second; of the left, considerably above this.

Concealed from me at the time was the fact of her suffering additionally profound deafness and severe high-pitched ringing in the ears, with profuse menorrhagia at each return of her monthly sickness; and that the exsanguination was attended with exhaustion and even dizziness, with faintness, upon one occasion, actually ending in a so-called "dead-faint."

Some time after the second ear had been operated upon the family physician, in joint attendance upon the patient, discovered that the menorrhagia was due to a bi-lateral laceration of the cervix, with subinvolution of the uterus. This was later operated upon by him with prompt and entire relief of its attendant symptoms.

With the patient's consent the left or worst ear was operated upon—nearly a year ago now—the right seven weeks later; the left partially regenerated drum-head being removed at this time. In each instance the nervous condition of the ear of the opposite side was at once appreciably improved, and proportionately to the increased conductivity in the ear just operated upon. Gradually they have approached a similar condition until, at present state, there is, as far as I can learn, no marked difference between the hearing of the two ears.

After the operation on the worse, or left ear, upon recovering from the anesthetic, in bed, the patient spoke of hearing a flood of noises, and first noticed the sound of horses' hoofs coming through the open window of her second-story room. About the third evening later she recognized the voices of newsboys crying their papers out on the street below. About the fifth evening she first heard the newsboys whistling outside. One week after the operation she heard the choristers singing in the hall outside her room; and, standing in the doorway, could hear their words also. From a house one-half block opposite her window, she could distinguish the echo of a school bell, five blocks away. The sounds of the car bells were now audible to her from her bed. She could hear my ordinary voice three or four feet away, and her husband's at six feet. A little later she could recognize the song of the locusts and the sound of leaves a-rustling in the wind. Then she found she could distinguish and recognize from her bed the different newsboys' voices in the street below. The clang of the two higher of the three bells forming the scissors-grinder's advertising chimes were heard by her soon after the operation; the third, a low-pitched one, about five or six weeks later. One day, about this time, while sitting reading she was startled by the sound of a pistol shot, as she supposed, coming from the hall. It proved to have been nothing but the striking of a parlor-match outside the open door.

Seven months after the first operation her husband informed me that her hearing had still further improved, so far as to enable her to hear her front door bell from the attic of her home, with all doors closed; that she, quicker than he, invariably recognizes the sound of a horse or vehicle crossing the three-plank bridge one hundred and fifty yards from their home; that she can at once recognize any tune played by her Regina music box, even when in the adjacent parlor; and that she very frequently overhears, even at twelve or fourteen feet distance, disputes and conversation which others believe they have concealed from her by lowering their voices, as they supposed, sufficiently therefor. Within the past week, I learn through her husband and her physician, that upon one occasion recently others observed that she had her attention attracted by the fall of an ordinary brass pin which dropped from her neckwear while standing upon her wooden porch at home; and that, upon their asking her whether she had actually *heard* the fall of the pin or not, she replied that she *had* heard it.

The latest report on the case is that the hearing still continues to improve, and that the annoying symptoms—noises in the head and ears, etc.—which were relieved by the operation a year ago, have not returned.

3894 Washington Boulevard.

IT is rumored that the St. Louis University will establish a medical department.

THE *Louisville Medical Monthly* and the *Louisville Journal of Surgery and Medicine* have been consolidated.

DR. H. W. LOEB has succeeded Dr. T. Melville Hardie as editor-in-chief of the *Annals of Otology, Larynology and Rhinology*.

DR. FRANK RUMBOLD has disposed of his interest in the *Laryngoscope* to Dr. M. A. Goldstein. Dr. F. C. Ewing has assumed charge of the Abstract Department of that journal.

AMONG the St. Louis physicians who will attend the various International Congresses in Europe are Drs. F. J. Lutz, F. C. Ewing, W. E. Fischel, C. Barck, W. G. Moore, C. H. Hughes, H. H. Mudd, M. A. Goldstein, F. L. Henderson, I. N. Love. H. Tuholske and W. A. McCandless.

THE TECHNIQUE of x-ray operations involves considerable special study. Recently W. C. Fuchs says that objects which are beyond the plate when the exposures are made, frequently give shadows which appear upon the plate.

MEDICAL REVIEW

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THE PERCENTAGE OF HEMOGLOBIN.

Recent investigations show that the percentage of hemoglobin, as estimated by the color test, is exceedingly unreliable. There are three principal sources of error: the varying perception of colors by the eye; the difference between observers; and the errors which are made in dealing with a small quantity of blood. In the use of the Gower and Fleischel instruments, all of these errors obtain. It has been determined that the variations in reading, between different observers, may amount to as much as twenty per cent. and that the reading in the same individual may vary ten per cent. The observations of Hammerschlag show that the specific gravity of blood is an accurate index of the amount of hemoglobin. His method admits of the employment of a larger quantity of blood, and the sources of error are not nearly as great, amounting, in fact, only to those incident to variations in obtaining the drop of blood to be examined.

NAIVETE OF THE COLUMBUS PROFESSION.

The *Columbus Medical Journal* of June 13, 1899, says editorially that "it is believed that the calamity howler who said that Columbus could not take care of the Association has gone into his hole. Delegates, visitors, exhibitors, in fact everyone, had a good word for Columbus and the way in which the convention was cared for. The only complaint heard was that many could not get into the leading hotels, but these found, on inquiry, that suitable and comfortable quarters were to be had in smaller hotels, boarding houses and private residences." It is difficult to see what particular brand of provincialism is to be found in Columbus, but the suitable quarters that were to be found in boarding houses and private residences were conspicuous by their absence. As for the smaller hotels of Columbus and the accommodations furnished by them—well, they simply beggar description. We would earnestly recommend the editors of the *Columbus Medical Journal* to make a room to room inspection of these smaller hotels and boarding houses, and to note what sort of comfort was to be found for the average civilized man. The editorial in question goes on to say: "Outside of the hotel accommodations, it is believed that no city has offered more complete and satisfactory arrangements for the meeting than Columbus." With this latter opinion we heartily agree. The Capitol furnished an admirable place for the general rendezvous, and the arrangements for the meetings were all that could be desired, and the effort on the part of the local profession to entertain the Association was in every way commendable. The inadequate hotel accommodations should be sufficient to settle forever the pretentions of these smaller cities; boarding houses and private residences should not furnish part of the accommodations for the delegates to the American Medical Association.

Columbus is all right—it is a beautiful *little* city, and if it could only be driven into the heads of the Columbus people that it is a *little* city, and there take root and bear the contentment that would enable them to wait until it becomes a large city, then the discomforts of the meeting at Columbus will not have been endured in vain.

THE MEETING OF THE PENNSYLVANIA MEDICAL SOCIETY.

The meeting of this society at Johnstown was one of the most successful in its history. Favorable reports of the progress made in organizing the profession were made, and it was decided to continue the publication of the transactions of the society for the next two years in the official organ, known as the *Pennsylvania Medical Journal*. After a three years' trial, this method of publishing the proceedings has meet with the approval of the members, and it has evidently done not a little toward the building up of the county societies and increasing the membership in the state society. It seems to have been an important means of organizing the profession. It was decided to add to the editorial page of the *Journal* the names of the reporters for the county medical societies, these to be appointed by the several local organizations and make regular reports to the *Journal* of their proceedings and to forward such original papers for publication as are read.

Another important change is in the date of meeting, from May to September. This we regard as a marked improvement. Nearly all of the meetings of State medical societies are held in May and June; there is no good reason why they should be held only at this season of the year. Frequently the dates conflict, as was the case in the meetings of the Illinois

and Missouri State Medical Societies for 1899. The former organization held its meeting in the southern part of the State and many of the profession in East St. Louis, who are members of local medical societies in St. Louis, would have been glad of the opportunity to attend both meetings. As the dates were arranged, this was impossible. Men who are interested in medical societies generally like to attend the meeting of their State society and the meeting of the American Medical Association. There is no good reason why the meetings of the State societies and that of the American Medical Association should come so close together. If the latter is to be held in the spring, then by all means let the meetings of the State societies occur in the fall.

THE BUBONIC PLAGUE.

Not long since we called atténtion to the possible danger of an extension of the bubonic plague to this country. The last report of the Marine Hospital shows that fifteen cases had been observed in Alexandria, Egypt. The investigations of the Egyptian authorities do not show the source of the disease. The cases so far observed are in individuals who for several months before the breaking out of the epidemic had not quitted Alexandria; from this it is inferred that the origin of the epidemic is to be found in certain cases which have not yet been identified.

As soon as a bubonic plague case is reported to the authorities a special carriage is immediately sent to the house of the patient and he is taken to the hospital and isolated. The persons who have been in contact with the patient are segregated and kept under observation for ten days, and the dwelling of the patient is thoroughly disinfected. In addition, the authorities of the city have undertaken a house to house inspection of certain quarters and with it a thorough cleansing of the city.

The news from Alexandria confirms the fears expressed in a former editoral, that there would be an extension of the plague. The possibility of an extension to Europe and this country is great in view of the developments in Alexandria. While the sanitary arrangements undertaken by the authorities of Alexandria are praiseworthy, it will be seen that they will be quite futile in dealing with the plague if its extension is by fleas and rats. The migratory character of rats and their susceptibility to the disease lends strong support to the view that they have much to do in disemminating the infection.

FORMS OF PHILANTHROPY.

The recent foundation, in Baltimore, by MR. WALTERS, of a number of free public baths, accentuates the necessity of wealthy persons doing something to prevent sickness, rather than the caring for sick people after they have been disabled by illness. The attention of the well-to-do has been too much directed to the endowing of free beds, free hospitals and free dispensaries, to the exclusion of other and sometimes more needed forms of well-doing. Luckily, the theological bias is so far falling into the background, or the field has been so well occupied by the average theological seminary, that no very large endowments will be placed in this direction. The general public is becoming convinced that we have a sufficient number of theological seminaries to provide for the needs of the immediate future. They should be instructed that the general hospital and free dispensary, in the larger cities at least, have likewise reached proportions that make every new foundation of this kind quite useless. Higher education has also been well looked after, and now the crying need is for the endowment of technical education, including in this medicine, biology, etc.

The need of public baths, play-grounds, gymnasia, small parks, reading rooms, and small libraries in the crowded and poorer quarters of our large cities is great, and we feel sure that it is only necessary to direct the attention of those who have money to bestow, to have these worthy objects recognized. There is no profession that is more often appealed to than the medical, for advice as to the direction philanthrophy should take, and the profession should take strong grounds against the useless and indiscriminate extension of medical charity.

EMBALMED TOBACCO.

Embalmed tobacco, is a title given by Dr. WILE to the product devised by Professor Gerold, by means of which the nicotine is prevented from entering the circulation of smokers. It is stated that tests which have been made upon tobacco treated in this way, show that it is devoid of toxic properties so far as nicotine is concerned, and that it may be smoked without appreciable injury. Dr. Wile is of the opinion that this is an important discovery from a medical standpoint, and that it will prove an unmixed blessing to those who have the tobacco habit, and who have become thoroughly poisoned by nicotine. We infer from his remarks, that cases of tobacco amblyopia, and tobacco heart, can go on using the tobacco idefinitely, providing only that they use the "embalmed" article. We doubt however, if those who are well along in years and much addicted to the use of tobacco will derive much benefit from this new product. Its narcotic effects are largely dependent upon certain poisons present in the plant, and removing these will be like the play of Hamlet with Hamlet left out. Tobacco is employed because it is a poison and if it ceases to be such, it will give little satisfaction to those who are thoroughly addicted to the habit.

Current Medical Literature

The Post-Febrile Insanities.—A. M. HAMILTON* says that it has been shown that not only is insanity of this kind a feature of many acute illnesses, characterized by rise of temperature, but it depends directly upon bacterial infection, and may occur at any stage of the acute affection. The insanity of typhoid fever is most commonly an episode of convalescence, and is usually due to exhaustion and probably to the condition of the intestinal tract, which favors toxic absorption. Malarial insanity differs greatly in type, and is more apt to be melancholic than maniacal. Occasional cases of insanity develop in malarial patients as the result of the administration of enormous doses of quinine and other cerebral hyperemiants. In cases of insanity of epidemic influenza, which are numerous, the mental symptoms developed at no definite period, but usually after there had been a very appreciable degree of exhaustion; there is a condition of mental depression followed by excitement and confusion, with hallucinations and delusions. The mental disturbances that may occur in the course of small-pox, scarlet fever or measles are really not true insanities, being either the forms of delirium due to high temperature, poisoning or exhaustion, or post-febrile manifestations of encephalitis, meningitis, or other forms of coarse diseases of the brain. These usually take ultimately the form of dementia, and have no distinct character of their own. The prognosis of post-febrile insanity is usually good when no extensive inflammation of the brain substance has occurred. Indications for treatment are the efficient disinfection of the gastro-enteric tract, the inducement of elimination and the systematic and full provision of proper agents of repair, which must be determined in the individual case.

Acute Infantile Diarrhea.—J. O. MALSBURY† suggests a plan of treatment to be followed in order to clear the alimentary tract and keep it clear, and then withhold all food for twenty-four to forty-eight hours. For the clearing process he advises the administration of calomel, followed by equal parts of castor oil and aromatic syrup of rhubarb. The stomach may be washed with salt solution, or the child should be persuaded to drink water until free emesis occurs. Morphine may be required hypodermically. He advocates the administration of a weak infusion of cold tea as an astringent and stimulating fluid to replenish the lost fluid. He believes that the greater prevalence of diarrhea among bottle-fed babies may be due to a lack of animal magnetism, which should be supplied by nestling the child to the nude bosom of the mother or nurse as in imitation of nursing.

*N. Y. Med. Rec., June 24, 1899.
†Jour. Am. Med. Association, June 24, 1899.

Mastoid Complications of the Exanthemata in Children.—E. B. DENCH* says that acute inflammation of the middle ear is one of the most common sequelæ of the examthemata; the frequency of mastoid involvement depends upon the prompt treatment of the middle ear inflammation. Aural complications are most often met with in scarlet fever and measles; in the latter the middle ear inflammation is more commonly of a mild character, and yields readily to treatment if recognized in its incipiency; in scarlet fever this complication is extremely common, and progresses with great rapidity; extension of the inflammatory process to the mastoid can only be prevented by radical measures at once. In the treatment of the condition, emphasis is laid on the necessity of entering the antrum; although the cortex may be normal, softened bone is found either in the antrum or in the aditus; free posterior drainage of the middle ear should always be established.

Supposed Increase of Cancer.—E. ANDREWS† says that the supposed rapid increase of cancer is based upon statistics whose correctness is not relied upon even by the compilers. In estimating the ratio of cancer to population the reduction of the overestimate of population leaves the cancer ratio relatively larger and gives a delusive appearance of an actual increase of that disease. In the census of 1880 it is confessed that the returns were deficient about 30 per cent. in the number of deaths, yet these records are appealed to in proving the supposed increase of cancer. The diagnosis of cancer twenty years ago was imperfect; great numbers of patients with internal cancers were reported as cases of gastritis, hepatitis, etc., and did not appear in the cancer column. Such errors are now less frequent. In cities where the death registry is efficient, comparison of the number of deaths from cancer with the total number of deaths leads to great error. If the ratio between these two increases it is often supposed that cancer itself increases; that two deaths from cancer to 100 from all causes is twice as much as 1 to 100. If stated differently, however, the first as one death from cancer to 100 from all causes, the second as 1 to 50, the value of the ratios are not changed, but instead of the deaths from cancer being increased the deaths from all causes may have diminished. This method of handling statistics does not prove which inference is true. In Chicago the diminished mortality shown by the health department in the doubled length of life is not far from equal to the alleged increase of cancer, and to that extent shows that cancer has not itself materially increased. In other cities, from this changed ratio, it cannot be shown which factor is changed, whether cancer is increasing or deaths from all causes diminishing.

*Pediatrics, June 15, 1899.
†Jour. Am. Med. Association, June 24, 1899.

Etiology of Eclampsia.—C. B. REED* believes that the chief cause of eclampsia is a toxemia, with a possible predisposing cause in hereditary irritability of the nervous system, a condition of the blood induced by the circulation therein of a poison, the nature of which is as yet undetermined. The source of this toxin is believed to be in the uterine metabolism, with a direct origin either from the uterus or the placenta, or both conjoined. The large size of the uterus is not the cause of the attack, for this condition is found in other states of the organism where eclampsia does not occur, as in uterine fibroids and ovarian tumors. Moreover, the clinical history of eclampsia is that of toxemia, and post-mortem appearances also confirm the belief that the toxin works through the blood. The subject still requires further observation and experimentation to confirm the belief in this hypothesis, which is more satisfactory than any of the other theories heretofore proposed.

"Heber Punction" in Abdominal Operations.—An ingenous method of emptying cysts is that of DR. CARL LAUERSTEIN.† He attaches a long rubber tube to the trocar, fills the tube with sterile fluid, which he allows to flow into a basin at the moment the trocar enters the cyst, thus exhausting the cystic contents without allowing any to escape into the peritoneal cavity. [The advantages of his method are obvious in operations on the gall-bladder or filled stomach as well.—REVIEWER.]

Miliary Tuberculosis of the Pleura Without Other Tuberculous Involvement of the Lung.—E. HODENPYL‡ reaches the following conclusions in a discussion of this subject: 1. Miliary tuberculosis of the pleura, without other tuberculous manifestations of the lung, is of frequent occurrence. 2. Miliary tubercles of the pleura may, apparently, assume unusual significance either in causing in susceptible individuals, or under otherwise favorable conditions, a generalized tuberculous exudative pleurisy; or, by complicating, through concurrent infection, an acute exudative pleurisy of independent origin. 3. Miliary tubercles in this situation are prone to become fibrous.

Acute Intra-Peritoneal Extravasation as Symptoms of Intestinal Incarceration.—DR. CARL BAYER§ was able in two cases to test the worth of the above-mentioned symptom. At the operation he found in the first case an intussusception and in the second peritoneal adhesions, which had formed as a result of epityphlitis, firmly constricting the small intestine. The author considers this symptom especially valuable when the diagnosis between peritonitis and intestinal incarceration is to be made.

*Jour. Am. Med. Association, June 24, 1899.
†Centralblatt für Chirurgie, June 10, 1899.
‡N. Y. Med. Rec., June 24, 1899.
§Centralblatt für Chirurgie, June 10, 1899.

Sarcoma (Pedunculated) of the Tongue.—It is claimed by MELCHIOR ROBERT* that his is the fifth such case on record. The patient was a woman 64 years old. After removal the tumor was found to be a mixed round and spindle-celled sarcoma. Cure in this case was of two and one-half years duration. No recurrence had been noted in any of the other four similar cases. On the other hand, the non-pedunculated sarcomata recurred in from three to six months, twenty such cases having been followed up, death occurring in three of the latter only. So the author concluded that malignant tumors of the tongue have been overrated as regards mortality. On account of its histologic resemblance to the well-known tumors of the buccal cavity, Melchior Robert invents for his growth the name epulis linguale.

Tanocol.—ROSENHEIM† describes the indication and results of treatment of certain forms of small intestinal catarrh with tanocol, a new tannin preparation discovered by Altschul. The substance is almost insoluble in acid solutions, but very soluble in alkaline. It is, therefore, well adapted to all small intestine conditions. The advantages of tanocol over tanalbin and other tannin preparations are a greater resistance to the gastric secretions, a greater consistency of reaction for therapeutic uses, and a greater resistance to high temperature, by which the product can be rendered purer. Tanocol produces no subjective symptoms in the stomach, even in cases of gastritis, carcinoma, or hyperesthesia nervosa. It is very valuable as an intestinal astringent, in doses of one grain daily in adults and corresponding doses for children.

The Diphtheria Bacillus.—H. L. RUSSELL‡ reports three cases showing the prolonged persistence of the bacillus in the mouths of convalescents. In one case the bacillus was found for four and one-half months after outbreak of the disease; in the second it persisted for three and one-half months, and in the third about two months. Such cases undoubtedly explain how diphtheria sometimes breaks out in apparently a sporadic manner. While it is impossible to maintain rigid quarantine for such a length of time, it is possible to determine the conditions as they actually exist from time to time and to use such precautions as will diminish the possibility of the spread of contagion.

Subacute Ataxic Paralysis and Combined Sclerosis: a Form of Spinal Disease Associated With Lethal Anemia and Toxemia.—C. L. DANA§ describes the general symptomatology of this rather rare form of disease as follows: The cases have the general features of ataxia, with a rather rapidly

*Revue de Chirurgie April 10, 1899.
†Berl. Klin. Woch., May 29, 1899.
‡Jour. Am. Med. Association, June 24, 1899.
§N. Y. Med. Rec., June 24, 1899.

developing paralysis, combined with paresthesias of the extremities, and later with some pain; they run a rather rapid course of from six months to two years. They are often associated with typical pernicious anemia, or with secondary anemia of a most profound kind (lethal anemia), but this is not universally the case. They resemble somewhat cases of multiple neuritis of mild type; at times they suggest forms of the so-called ataxic paraplegia of Gowers. A complete history of a case is given, with report of autopsy and full description of microscopical examination of sections of the cord. The cause is not known, but the trouble is due to some form of toxemia. Treatment is always ineffective in the later stages; in the earlier stage arsenic, quinine, tonics, proper feeding and the use of saline injections are of service.

Acute Angina.—A. J. LARTIGAN and A. MACFARLANE* report a case in which the micrococcus tetragenus was found in pure culture. The patient, a man of 27 years, suffered from acute sore throat, with the development of areas of discrete, gray or yellowish raised membrane on both tonsils and posterior wall of the pharynx. Cultures were made from the membrane on the third day of the disease, and a complete bacteriologic examination led to the diagnosis of micrococcus tetragenus. The membrane disappeared on the seventh day and convalescence was rapid. Treatment consisted in the administration of trional, ice packs to the head for slight delirium, and an antiseptic gargle.

Intra-Cranial Disturbance Following the Ligation of an Internal Jugular.—DR. E. KUMMER,† of Geneva, did this operation a number of times without the same being followed by serious symptoms; but at length death occurred in such a case when it was preceded by the ligation of the external carotid artery. The patient died five hours after an operation necessitating the two above-named procedures. The author considers neither the shock of the operation itself, nor a chloroform, nor chemical (antiseptic) intoxication responsible for death. At the autopsy were found passive hyperemia of the meninges, bloody fluid in the ventricles, areas of beginning softening, and other evidences that the ligation of the jugular alone caused death. The ligation of the external carotid, by shutting off the middle meningeal, diminished the "vis a tergo" and contributed to the venous stasis.

Heroin on the Respiratory Tract.—J. NORTH‡ gives a brief account of the effects from and indications for the use of this remedy; it is a white crystalline power, almost insoluble in water, but very soluble in acetic acid; it can be given as a triturate with sugar; the hydrochloride is very soluble in water and can be given hypodermically in doses of one-twenty-fourth of a grain; the dose of the drug itself is one-twelfth to one-sixth grain. It has proven beneficial in the cough of acute and chronic bronchitis, pneumonia, pulmonary tuberculosis, asthma and reflex coughs. In pneumonia it relieves the difficulty in breathing, reduces the fever and pulse-rate and the respirations become more free and slower. Toxic effects have not been observed after the use of medicinal doses.

Fibroma of the Abdominal Wall.—C. J. MILLER* calls attention to the fact that while fibroma is the most frequent tumor of the abdominal wall, it is, nevertheless, of rare occurrence. In no other fibromata can the exciting cause be so readily discerned as in these; trauma seems to be the most important determining factor in each case; they occur almost exclusively in women, are limited to the period of sexual activity and intimately connected with childbirth; they are usually found in the iliac regions or sheaths of the rectus muscles; they occur usually soon after labor and often acquire considerable bulk before being recognized. A practical point in differentiating them from hydatid or urachal cysts is that they never occur in the median line nor at the umbilicus. They should be removed early by operation, for if the tumor is of long standing and has attained some size, the peritoneum becomes involved, thus making any operation for its removal practically intraperitoneal and increasing considerably the liability of hernia. The report of three cases is appended.

Arm-to-Arm Vaccination, Nasopharyngeal Syphilis a Result Thereof.—P. S. DONNELLAN† reports the case of a boy, who at 5 years of age was vaccinated by arm-to-arm vaccination; a few months later the submaxillary gland on the same side became enlarged and resisted all treatment, including incision; the true character of the disease was fully recognized and antispecific treatment caused the gland to subside and the wound to heal with a serpiginous cicatrix quite characteristic of syphilis. Four years later discharge from the nose developed, with ulceration of the soft palate and perforation; the disease progressed till saddle-shaped deformity of the nose resulted, with the nostrils looking directly forward. The case offers strong evidence in favor of the discontinuance of the use of this method of vaccination.

A Case of Acetanilid Poisoning From External Absorption in an Infant.—T. S. WESTCOTT‡ reports the toxic effect from the use of acetanilid locally in in intertrigo in an infant four months old Acetanilid was used pure as a dusting powder only once, when

*Jour. Am. Med. Assn., June 10, 1899.
†Revue de Chirurgie, April 10, 1899.
‡Am. Med. Compend, June, 1899.

*N. Y. Med. Rec., June 24, 1899.
†Jour. Am. Med. Association, June 24, 1899.
‡Pediatries, June 15, 1899.

alarming symptoms developed. About three hours after the application a grayish pallor of the skin and cyanosis of the lips was noticed; the child nursed well and went to sleep, but two hours later the skin had become waxy, the lips deeply cyanotic, the face drawn and pinched-looking, and the child could not be easily aroused; there was no sweating; cardiac action and respiration were not appreciably disturbed. Six hours after the application of the powder the appearance began to improve; a few drops of whiskey were given hourly; the cyanosis began to pass off and she could be roused easily, but readily fell asleep again. Recovery was uninterrupted without further treatment.

Hemorrhage into the Pons Varolii.—A. A. ESHNER,* after a short review of symptoms caused by diseases in the pons, reports a case of hemorrhage into the pons, which was looked upon during life as a case of uremia; the urine contained a large amount of albumin, together with hyaline and granular tube-casts; some muscular twitching was observed, which later increased and active delirium with loss of control of the sphincter of the bladder developed; respiration declined in frequency to 13; pulse to 64, and temperature fell to 95; stupor deepened into coma, the head became retracted, jerking in various parts of the body and nystagmus were present at times; death resulted from respiratory failure two weeks after admission to the hospital. Autopsy revealed changes in many of the organs; the kidneys were small, cystic and granular; the brain was small, the pia of the pons and medulla deeply pigmented; in the left half of the pons was an extravasation of blood, 2 mm. in diameter, and a second hemorrhage almost in the middle line (exact location shown by illustration).

The Latest Facts Regarding the Influence of Roentgen Rays Upon the Normal and Diseased Skin.—V. ZARUBIN,† after an extensive review of the literature upon this question, reaches the following conclusions: (1) X-rays are of service in dermatotherapy, especially in cases of lupus vulgaris, as well as chronic eczema, for the removal of hair in nevi, and at times in cases of varicose ulcers of the leg, acne vulgaris, lupus erythematodes, hypertrichosis, favus, psoriasis, elephantiasis and freckles; (2) after the use of x-rays injurious secondary effects are often noticed, consisting usually of dermatitis of various grades, complicated by necrosis, abscesses, alopecia and occasionally pigmentation of the skin and shriveling of the epidermis.

Traumatic Tabes.—A. ADAMKIEWICZ‡ advances his well-known views concerning the etiology of tabes and reports some further cases in support of the traumatic origin of the disease. That syphilis is a frequent cause of tabes he does not deny, but he holds that syphilis produces a special form, characterized by an arterial process in the posterior columns. This form he describes as being quite apart from the ordinary locomotor ataxia, in which the process is limited to the nervous substance itself of the posterior columns. The following three varieties of tabes are differentiated by the author: First, the ordinary and the most frequent form of tabes is that of a primary parenchymatous degeneration of the posterior columns, clinically characterized by ataxia, progressive character and retained muscular strength. This form is of unknown origin and is incurable. Second, traumatic tabes. This form is similar in its anatomic foundation and its incurability to the former, but differs from it by its origin, which is traumatic, and by its stationary as opposed to the progressive character of the first variety. Third, syphilitic tabes which takes its origin from the blood vessels of the posterior columns. It appears in two forms, as an acute syphilitic tabes, which is due to an endarteritic process, and is, therefore, curable, and as a chronic syphilitic tabes, characterized by an interstitial change in the posterior columns, and as such is stationary and incurable. Both forms of syphilitic tabes are peculiar—motor weakness, slight (in the acute form) ataxia, or absence of ataxia (in the chronic form), and absence of all sensory disturbances. The absence of knee jerk is found in all varieties of tabes; only in the acute syphilitic form can it be present temporarily and then disappear.

Pelvic Tuberculosis —A. P. CLARKE,* reviewing the record of the lesions of some of the pelvic organs, finds that the direct development of tuberculosis of the cervix is rare. The ostium abdominale of the tube has often been the first portion of the tube to be affected, though the infection may be carried in the semen of a tuberculous man. Of the two forms of pelvic tuberculosis, the miliary may not pass beyond the first stage or may remain latent for indefinite periods; in these cases mere abdominal incision may be followed by recovery; the chronic form of fibroid tuberculosis may become arrested in its course or end in recovery. We cannot yet be confident that pelvic tuberculosis takes place solely by mere local extension; the general infection of the organism from extraneous sources has been the more common mode of its inception. From clinical observation it must still be maintained that tuberculosis of the uterus, tube, ovary or other pelvic organ must be regarded as secondary to some primary areas or foci of infection. In many cases, even if a probable diagnosis cannot be arrived at, abdominal incision will be demanded for the relief of the symptoms.

*Jour. Am. Med. Assn., June 24, 1899.

†Monatshefte für Prakt. Dermatol., May 15, 1899.

‡Berlin Klin. Wochenschrift, June 5-12, 1899.

Vitality of the Pneumococcus While Protected by the Sputum.—L. M. SPOLVERINI,* in a special study of this subject, has found that while the pneumococcus in cultures soon loses its virulence, it remains alive and virulent for a period varying from 55 to 140 days when protected by the albuminous substance of the sputum. Under these circumstances it has successfully resisted exposure to light, heat, cold and slow evaporation from the surface of carpets, ground or paper. As a rule, the degree of virulence is the same at the beginning as at the end of the experiment; occasionally, however, it diminishes slowly and finally disappears.

Surgical Treatment of Hydated Cyst of the Liver.—DIEULAFOY† in a very elaborate paper on the above subject, read at the Academy of Medicine of Paris (France), draws the following conclusions: 1—Laparotomy with incision and removal of the cyst ought to be performed only in cases of very old, very large or adherent cysts, and above all when the presence of pain and fever points to the possibility of an infected cyst. 2—Aspiration under aseptic precautions is applicable to about one-half of all cases. It is specially indicated when the cyst is not very large, very old or infected. We may obtain by this means in a few minutes, and at the expense of the prick of a needle, a complete and permanent cure. 3—When using the method of aspiration as much of the liquid as possible should be evacuated. Partial evacuations and exploratory aspirations should be avoided, for under these conditions the natural pressure of the liquid in the cyst may force some of it to the peritoneal cavity through the passage way made by the needle and give rise to dangerous symptoms.

Intestinal Occlusion Caused by Meckel's Diverticulum.—This is, according to BERARD and DELORE,‡ almost always a form of acute occlusion. The diverticulum persists in about one out of fifty-five human beings. It has been found only four centimeters, also four meters, distant from the ileo-cecal valve, but much more commonly one meter distant. It often contains gas, occasionally gas and fluid, but very rarely fecal matter. Occasionally, having no connection with the lumen of the intestine, it has been found full of the secretion produced by its own mucous membrane. Obstructions caused by this rudiment are of two kinds: (1) those where the diverticulum is non-adherent to neighboring structures; (2) where it is adherent and fixed. Under (1) came obstruction by invagination, by a knot, by torsion of the mesentery, and by forming an acute angle in the gut. Under (2) are many more cases recorded than under (1). These can, etiologically speaking, be classed into: cases where traction caused an acute angle in the gut; those in which the intestine is incarcerated in a hernia, whither it has been drawn by the diverticulum; torsion of the mesentery; peritoneal bands. Strange to say, heredity has much to do with persistence of the diverticulum. The accident under discussion occurs most commonly between 20 and 30 years of age, males being much more frequently affected.

(The reviewer found on the 1st inst. a persistent diverticulum in a male infant aged three months. This was situated on the concave surface of the gut, and had a mesentery.)

Pathology and Cause of Senile Hypertrophy of Prostate Gland.—M. A. GUEPIN* maintains that senile hypertrophy of prostate gland is pathologically of a glandular nature, and that it passes through three different stages: 1, hypersecretion with stagnation and dilatation of glandular ducts; 2, infection of the secretions with beginning of periglandular sclerosis; 3, complete periglandular sclerosis. The causes are: 1, local and noninflammatory; 2, local and inflammatory; and 3, general, as senility due to age, to excesses, etc.

Resorbable Suture and Ligature Material.—Convinced of the danger attending the use of catgut, and desiring still to use a resorbable medium, SNERGUIREFF† tried strands from the ligamentum nuchæ of the reindeer. The same were disinfected by the use of ether, juniper oil, alcohol, bi-chloride, and stored in alcohol. They were found free from bacteria in every case after such treatment. The author used these threads in 83 gynecologic laparotomies without any trouble attributable to them. The resorption is some slower than in the case of catgut, which is rather to be considered as an advantage than otherwise.

Bed Treatment of the Insane.—J. SALGO‡ believes that in the treatment of the insane rest in bed should be used more than it is—in fact, should replace in a great measure the present cell treatment of many acute insane cases. Since the introduction of this method in the asylum at Prague, of which J. Salgo is the director, the use of cells has been almost given up. The effect of this has been two-fold: first, a total change in the appearance of the asylum, quiet well-ordered wards instead of the noisy corridors and prison-like isolation rooms. The effect upon the other patients is very marked. Second, the effect on the patient himself. Hyperkinetic patients become accustomed to lying in bed and return to it of their own accord; also maniacal young patients, melancholics and depressive hypochondriacs gain much good by rest in bed. The acute hallucinative insanity, which formerly would result fatally from gradual exhaustion,

*Annali d'igiene Sperimentali.
†La Presse Medicale.
‡Revue de Chirurgie, May 10, 1899.

*La Presse Medicale.
†Centralblatt für Chirurgie, June 17, 1899.
‡Psychiatrische Wochenschrift, May 13, 1899.

now shows a striking tendency to improve, when patients are kept in bed. Of course, the other means of quieting the patients, by hypnotics, etc., must still be used. This method, Salgo believes, is an advance in the care of the insane, and from his own results it is to be regarded as a successful therapeutic procedure.

Varying Type of General Paresis. — C. H. HUGHES* believes that the type of this disease, contrasted with its distinguishing features as described by the early writers, is markedly changing. This change can be accounted for by the precocity and the more general diffusion among the people of business schemes, ambitions, excesses in gaiety and folly, and opportunities to tax and overstrain their faculties, by the spread of intemperance and immoral and brain-exhausting life in many ways. The earlier observations were made in insane asylums, while now the type of the observer has changed and the range of observation extended. As now observed the types are more variant, partly because the disease begins earlier and partly because treatment is begun earlier and is more intelligently conducted than heretofore; we repress its symptomatology better by the institution of a better understood treatment.

Echinococcus of the Pelvic Connective Tissue and the Liver. — CHROBAK†: Though there have been some eighty-eight cases of echinococcus cysts of the pelvic tissues and organs reported, they are always unexpected, and rarely enter into the differential diagnosis. Because of its very gradual development this tumor had produced very few disturbances. The position of the tumor, viz., in the retrocervical tissue, its consistency, manner of development, etc., led the author to make a probable diagnosis of myoma of the meatus. Echinococcus cysts of the liver and pelvic tissues were found, possessing exceedingly hard and thick walls. The liver cyst was in all probability the primary one, while that of the pelvis was secondary. The sack of the former was calcified, and its contents contained no scolices. The author warns others from laying too much stress upon fluctuation in these cases. It is frequently absent.

Injection of Antiseptic Solutions Into the Anterior Chamber of the Eye.—Writing on this subject, M. FAGE‡ says that the treatment of intraocular suppurations has not derived as much benefit as it should from our modern antiseptic methods. The subconjunctival injections marked a step forward, but excepting that they are really absorbed, can we expect any antiseptic action from the infinitesimal amount of mercury that could reach the interior of the eye? The only way to produce antisepsis in the interior of the eye is to apply our antiseptic solutions directly to it, and he does this by injecting into the anterior chamber two or three drops of a 1 to 10,000 solution of cyanide of mercury. Considering that the injection becomes at once diluted by the aqueous humor, and that he has injected rabbits' eyes with 1 to 5,000 solution without any ill effects, he thinks that we may use with safety stronger solutions than 1 to 10,000. He has used the cyanide of mercury with very satisfactory results in eleven cases of abscess of the cornea, in six of which hypopion and iritis were very marked. He has not had any serious complications nor glaucomatous symptoms. The pain is less severe than with subconjunctival injections.

Incontinence of Urine of Hysterical Origin.— The case described by P. RAVAUT* is that of a man aged 34 years, who complained of a generalized tremor which followed an accident. The family history is markedly neurotic. The patient himself, at the age of twelve years, had attacks which were probably hysterical. The tremor was slow, about five or six oscillations a second. An examination showed other hysterical symptoms and the diagnosis of hysteria was certain. Shortly after entrance to the hospital the patient complained of inability to hold his urine. This incontinence followed a series of hysterical seizures, and depended upon an anesthesia of the vesico-urethral mucous membrane. This was proven by the introduction, through a sound, of a stream of water, first at 70° then at 55°; no difference was detected by the patient. Water at a temperature of 55° introduced into the urethra of a normal man caused intense pain.

A Case of "Plaque Induree" on the Penis. —C. PASNER† discusses the occurrence of callous thickening on the posterior surface of the penis. It is caused sometimes by an inflammation of the corpora cavernosa or the lymphatics as a result of a preceding gonorrhœa, other times as a result of connective tissue hypertrophy following some trauma; finally, it may result from a syphilitic infection. There are some cases, however, in which a definite cause cannot be so easily determined. It sometimes happens that a thickening develops itself on the posterior surface of the penis near its base, beginning as a small papule, later as a rough lamella-like structure, plainly circumscribed directly beneath the skin, without any inflammatory, traumatic or syphilitic process. This form has been given by the French the name of "Plaque Indurée." It is typical that this process is a gradual one, that it occurs in the same place and that it is found in healthy but somewhat elderly men. No treatment seems to have any effect upon this process. In most cases the growth is limited, but it has been observed sometimes to spread around the whole penis. There is never any

*Jour. Am. Med. Association, June 24, 1899.
†Centralblatt für Gynäkologie, June 17, 1899.
‡La Presse Medicale.

*Nouvelle Iconographie de la Salpetrière, March and April, 1899.
†Ber. Klin. Woch., June 12, 1899.

pain or other discomfort connected with it, except erection and copulation may, in the severe cases, become impossible. It is probable that this process is a variety of ossification, and is similar to that found in certain animals, where penis nodules have often been observed. The diagnosis of true plaque indurée can only be made when cavernitis, trauma, syphilis, gout can be absolutely excluded.

The Inoculation Theory of Malaria.—W. B. JAMES.* This theory is that the disease is inoculated by mosquitoes; it is supported by many facts of common observation, as the occurrence of the insects in a malarial region, though the converse is by no means true; physical conditions which produce mosquitoes are also those that are supposed to predispose to the development of malaria; precautions which are found to be of service in protecting from malaria are at the same time effective against attacks of mosquitoes, etc The investigations by Ross of what is called bird malaria is discussed, and the facts demonstrated by him are shown to confirm the theory of inoculation; other facts are added which tend to show the correctness of this idea of the close relation between mosquitoes and malaria; should it be finally proven to be correct the outlook for the prevention of malaria would be far more hopeful than it ever has been.

Oblique Inguinal Hernia.—A. H. FERGUSON† describes minutely the various steps in what he considsiders the typic operation for a radical cure. The commendable features of his method are: (1) The different structures of the abdominal wall are placed in their normal relationship; (2) the four lines of sutures which are used are not opposite each other, thus securing an overlapping of the weak parts by normal tissue; (3) the initial semilunar incision affords an accurate observation of structural relationship, etiologic factors and pathologic conditions, and offers less tendency to skin infection, extending to the deeper structures, and in case of a recurrence there is no scar over the hernia and a truss can be better borne; (4) it is the simplest and easiest operation to execute; (5) the results so far are excellent. The description is very complete and is fully illustrated by a series of ten figures showing the different stages.

Differential Diagnosis of Smallpox.—W. T. CORLETT.‡ In the differential diagnosis the following points should be kept in mind: (1) One should consider possible sources of infection; (2) in the eruptive fevers, whether or not the patient has previously had the one to which symptoms most strongly point; (3) the disease is most liable to be variola when the most prominent symptoms are sudden onset of chills or rigors, severe headache, backache, vomiting accompanied by a rapid rise of temperature with delirium, constipation in adults, and diarrhea in children, the supervention of sweating, furred tongue, fetid breath, and the appearance of an irregular erythematous or petechial rash first appearing and beat marked on the curved triangle of Simon.

Floating Kidney With Intermittent Hydronephrosis.—G. KOLISTER* gives briefly these directions to be followed in cases of hydronephrosis and floating kidney: Replace the kidney and keep the patient in bed; wait twenty-four hours for the spontaneous emptying of the tumor; if this occurs, a simple anchoring of the movable kidney in its normal position is sufficient to effect a cure; if after twenty-four hours no decrease in the tumor has taken place, ureteral catheterization is to be employed, accompanied by deep massage. If nephropexy is performed it should be preceded by a nephrotomy, which should include such repair of the pelvis of the kidney as is indicated in the case; the ureteral catheter should be left in position to act as a guide during the operation.

On the Importance of an Operation in the First Stage of Thrombosis of the Sigmoid Sinus.—G. BACON† reports three cases, after acute otitis media, in which recovery followed operation. Discussing these, he emphasizes these points: (1) The impropriety of giving antipyretics in all cases of suppurative otitis media; (2) the value of a bacteriological examination of the secretion from the external auditory canal in all cases of suppurative otitis media; (3) the importance of operating at the earliest possible stage after a diagnosis of thrombosis has been made; (4) the use of the normal saline solution during the operation for sinus thrombosis or immediately following it.

Diatetics of Obstetrics.—C. S. BACON‡ discusses this question with relation to pegnancy, labor and childbed. During pregnancy the questions relate to the quantity and quality of the food, the arrangement of meal times, the possibility of modifying the development of the child by diet, the determination of the sex of the child by regulation of the mother's diet, and finally regulation of the diet in emesis and in kidney disease. During labor the question of diet is important only when labor is protracted or with weak or sick patients. During childbed the effect of diet on the milk secretion, and thus on the health of the child, must be considered. Referring to Schenk's discovery regarding the determination of sex, the confused presentation of his theory and the absurdly small number of cases given to support it are regarded as disappointing. All the subjects are briefly discussed.

*N. Y. Med. Jour., June 24, 1899.
†Jour. Amer. Med. Assn., July 1, 1899.
‡Cleveland Journal of Medicine, June, 1899.

*Medicine, July, 1899.
†N. Y. Med. Jour., July 1, 1899.
‡Jour. Am. Med. Association, June 24, 1899.

Book Reviews

Twentieth Century Practice of Medicine. Volume XVI.: *Infectious Diseases.* (William Wood & Co., Publisher).

The vast clinical experience of the contributors to this estimable work renders it something more than a mere compilation of well-known facts. The contributors are selected with special reference to the locality in which the disease in question is most prevalent and their experience in coping with that disease. Thus A A. DeAzevedo Sodri, of Rio de Janeiro, contributes a very complete summary on Dysentery. Yaws, since purely a tropical disease, is presented by H. A. Alford Nicholls, of Dominica, W. I.; and Relapsing Fever, because of its great frequency in Russia, is dealt with by Leo Pojoff, of St. Petersburg, The splendid article on Cerebro-Spinal Meningitis, by A. Netter, of Paris, is of special interest, coming as it does from an expert's pen and at a time so *apropos*. The author is not inclined to accept the diplococcus intracellularis as the specific germ of this disease, but thinks that the diplococcus of Fränkel is frequently the exciting cause, and that even other forms play a great rôle. It is refreshing, indeed, to find so clever an exposition of Inflammation as that contributed by Ziegler, of Freiburg, included within the covers of a work on infectious diseases—within easy reach of the general practitioner. The compilers of this work justly bring Inflammation within the domain of the general practitioner, and do not relegate it to the pathologist and surgeon alone. Over two hundred pages are devoted to Typhoid Fever; while very exhaustive, the subject-matter is so logically classified that the busy practitioner need not "eat the pulp in order to obtain the seed." This volume, and the series of which it is a part, will be valuable additions to a medical library.

Electro-Hæmostasis in Operative Surgery. By ALEXANDER J. C. SKENE, M.D., LL.D. (D. Appleton & Co., Publishers. 1899.)

Under the above title is offered a work of 173 pages, which from the artistic standpoint may be truly called a model. The illustrations, many of them large, number 150, of which two are well-executed colored plates. The work considers chiefly surgical gynecology. Skene has used electro-hemostasis in more than two hundred operations, and has never seen secondary hemorrhage following. He concludes, furthermore, that such hemostasis has most beneficent influences on the processes of repair. A particularly strong chapter is the one on appendectomy. A good idea of the author's power of expression is gained from page 59, where he writes: "This experience in ovariotomy and kindred operations led me to expect equally satisfactory results in appendectomy, and my expectations have been fully realized in practice. In fact, this method of treating the stump of the appendix has special advantages in being the only satisfactory way of controlling hemorrhage in softened septic tissues, as well as closing the appendix stump."

This book will be found as useful in the library of the general surgeon as in that of the gynecologist.

A Treatise on Human Physiology for the use of Students and Practitioners of Medicine By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia. New (2d) edition, thoroughly revised. In one handsome octavo volume of 921 pages, with 595 engravings. Cloth, $4.25 net; leather, $5.25 net. (Lea Brothers & Co., Philadelphia and New York.)

The above is a neatly bound and printed volume of nine hundred and twenty-four pages, illustrated by five hundred and ninety-five exceedingly clean cuts, the work appearing in its second edition. It is divided into forty-six chapters, the first three of which—sixty-eight pages—are devoted to a most comprehensive and up-to-date consideration of physiological chemistry. The author aptly shows the relationship existing between anatomy and physiology. He says: "The relation of the two may be compared to the study of a clock when at rest and when going. The anatomist studies the form and relation of the weights, etc., at rest; the physiologist, the fall of weight, etc." Possibly the best chapters in the book are the two devoted to the study of the nervous system; the neuron, axon, dendrites, etc., being considered, all of them fully and from the modern standpoint. The book is of value not to the student alone, but to those engaged in original research as well, on account of the vast number of references to the literature which are given. One possible exception may be taken to the nomenclature, in that the author constantly refers to the lymphatic nodes as lymphatic glands. The chapter on the physiology of the sympathetic nervous system is especially worthy of commendation, and merits a perusal of all who contemplate the surgery of epilepsy, glaucoma or exophthalmic goitre.

LONDON has been congratulating itself upon its decreasing death rate, and it lays claim to a very distinct priority in the development of sanitary science; indeed, the early history of sanitary science distinctly stamps it as English-bred. Its death rate of 19.9 per cent. upon which it plumes itself, and which is not greater than many rural communities, has of late been exceeded by several continental cities. Rome, which for a long time had a preternaturally high death rate of 22.6, and a most unenviable reputation from a health standpoint, shows a fall to 16.9. Berlin shows a death rate of 17.7; Amsterdam, 15.8; Stockholm, 16.7; Brussels, 16.6; and Copenhagen, 17.5. So far as the statistics go, apparently, Amsterdam is the healthiest city in Europe.